



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M27388		99 MAR -8 AM 10:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name NETWORK TITLE INSURANCE AGENCIES OF FLORIDA, INC			
Principal Place of Business 901 N. LAKE DESTINY DR. #395 901 N. LAKE DESTINY DR. #395 MAITLAND, FL 32751		Mailing Address 17911 VON KARMAN, # 300 IRVINE CA 92614	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 98.99	
2. New Principal Office Address, If Applicable 901 N. LAKE DESTINY DRIVE Suite, Apt. #, etc. SUITE 395 City & State MAITLAND, FLORIDA Zip 32751 Country USA		3. New Mailing Office Address, If Applicable 17911 VON KARMAN Suite, Apt. #, etc. 300 City & State IRVINE, CA Zip 92614 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 02/13/1986		5. FEI Number 59-2658555 Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P / D	STONEK, PATRICK F STONE, PATRICK F.	3938 STATE STREET, 2ND FLOOR	SANTA BARBARA CA
SVP	KANE, M'LISS JONES	17911 VON KARMAN., SUITE 300	IRVINE CA
V	PUZDER, ANDREW F	17911 VON KARMAN, SUITE 300 3916 STATE STREET, #300	IRVINE CA SANTA BARBARA, CA 93105
DC	FOLEY, WILLIAM P II	17911 VON KARMAN, SUITE 300 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
VPD	MAUDSLEY, RONALD R	3938 STATE STREET., 2ND FLOOR	SANTA BARBARA CA
8. Name and Address of Current Registered Agent STAKER, KARLA J 901 N. LAKE DESTINY DR. 901 N. LAKE DESTINY DR. #395 MAITLAND, FL 32751		9. Name and Address of New Registered Agent Name STAKER, KARLA J. Street Address (P.O. Box Number is Not Acceptable) 901 N. LAKE DESTINY DRIVE Suite, Apt. #, Etc. SUITE 395 City MAITLAND	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Karla J. Staker</i> REGISTERED AGENT MUST SIGN Date 12/9/98		300002806593-4 03/15/99-01144-012 ***900.00 ***900.00 FL 32751	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>M'Liss Jones Kane</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M'LISS JONES KANE, SECRETARY		12/09/98 (949)622-4326 Date Daytime Phone #	

CR2E040 (9/98)